



APR 01 2009

**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	<b>10/519,526</b>
	Confirmation Number	
	Filing Date	<b>with an effective filing date of June 27, 2003</b>
	First Named Inventor	<b>Ashley Christopher BRYANT</b>
	Group Art Unit	<b>3741</b>
	Examiner Name	<b>Gerald Luther SUNG</b> <b>Fax: (571) 273-8300</b>
Total No. of Pages in this Submission: 19	Attorney Docket Number	<b>COLGRA P54AUS</b>

**ENCLOSURES** (*check all that apply*)

<input checked="" type="checkbox"/> Fee Transmittal Form ..... [1]  <input checked="" type="checkbox"/> Fee attached - Check \$330.00	<input type="checkbox"/> Assignment papers ..... <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group .....
<input checked="" type="checkbox"/> Amendment/Response ..... [16]  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) --Annotated Sheet(s) .... Replacement Sheet(s) .....	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences .....
	<input type="checkbox"/> Licensing-related Papers .....	<input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) .....
	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <i>(DELETED - no longer useful)</i>	<input type="checkbox"/> Proprietary Information .....
	<input type="checkbox"/> To Convert a Provisional Petition .....	<input type="checkbox"/> Status Letter .....
	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address .....	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
	<input type="checkbox"/> Terminal Disclaimer .....	<i>Postcard</i>
	<input type="checkbox"/> Small Entity Statement .....	
	<input type="checkbox"/> Request for Refund .....	
<input type="checkbox"/> Extension of Time Request ..... <i>(in Duplicate)</i>	<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Stmt .....		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Part/s Incomplete Application .....		

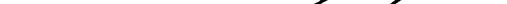
**REMARKS**

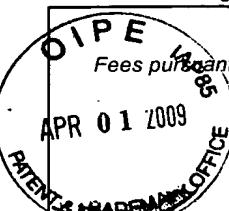
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 <b>CUSTOMER NO. 020210</b>
Signature		
Date	March 30, 2009	

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on March 30, 2009.

Signature		Date: March 30, 2009 (aag)
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2008

Docket No. [redacted] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$330

### Complete if Known

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/519,526  
with an effective filing date of  
June 27, 2003  
Ashley Christopher BRYANT  
Gerald Luther SUNG  
3741

Attorney Docket No.

COLGRA P54AUS

#### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

##### 2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u>Total Claims</u> <u>-20 or HP =</u>	<u>Extra Claims</u> <u>x</u> <u>\$52/\$26</u>	<u>Fee (\$)</u> <u>=</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>
<u>Indep. Claims</u> <u>6 -3 or HP +</u>	<u>Extra Claims</u> <u>3</u> <u>x</u> <u>\$220/\$110</u>	<u>Fee (\$)</u> <u>=</u> <u>\$330</u>	<u>Fee Paid (\$)</u>	

HP = highest number of independent claims paid for, if greater than 3.

##### 3. APPLICATION SIZE FEE

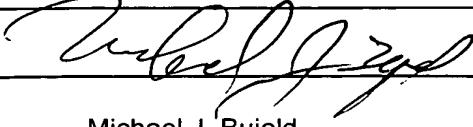
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u> <u>-100 =</u>	<u>Extra Sheets</u> <u>/ 50 =</u>	<u>No. of each additional 50 or fraction thereof</u> <u>(round up to a whole number) x</u>	<u>Fee (\$)</u> <u>\$270/\$135</u>	<u>Fee Paid (\$)</u>
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##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)                         

#### SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: March 30, 2009